

Fax: (317) 637-7561



WOODARD, EMHARDT, MORIARTY, MCNETT & HENRY LLP PATENT AND TRADEMARK ATTORNEYS

RECEIVED CENTRAL FAX CENTER

MAR 1 9 2004

BANK ONE CENTER/TOWER 111 MONUMENT CIRCLE, SUITE 3700 INDIANAPOLIS, INDIANA 46204-5137

Main: (317) 634-3456

www.uspatent.com

FAX COVER SHEET

Date: March 19, 2004

Number of Pages: Cover sheet plus _______ page(s)

To: US Patent & Trademark Office

Your Reference: US Patent Application 09/870,023 for Branch et al.

Fax Number: (703) 272-9306

From: James B. Myers Jr.

Our Reference: 4002-2533

Comments:

I hereby certify that this correspondence is facsimile transmitted to Commissioner for Patents at 703-872-9306 Facsimile Number March 19, 2004 Date of Facsimile Transmission James B. Myers, Jr. of Registered Representative Signature / March 19, 2004 Date of Signature

CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:

ORIGINAL COPY AND ANY ENCLOSURES WILL NOT BE SENT

If an error occurs during transmission please contact us at: (317) 634-3456

THIS MESSAGE IS INTENDED ONLY FOR THE ADDRESSEE(S) IDENTIFIED ABOVE.

It may contain privileged, confidential, attorney work product, or trade secret information that is exempt from disclosure under applicable laws. If you are not the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this message is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone and return the facaimile (and all copies) to the sender by mail at the above address. The sender will reimburse you for reasonable expenses

PAGE 1/8 * RCVD AT 3/19/2004 3:55:44 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/6 * DNIS:8729306 * CSID: * DURATION (mm-ss):02-42

WENMM/SB/17 (10-03)
Approved for use through 07/31/2006, OMB 0651-0032
U.B. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB confer and the conference of the

FEE TRANSMITTAL for FY 2004 Effective 10x11/20x3. Patient fives are subject to annual revision. Application Number	Under the Paperwork Reduction Act of 1996, no person	ns are required to resp	T	n conecne	an or intarm				7
FEE TRANSMITTAL for FY 2004 - Effective 10/01/2003, Pelon fibes are subject to annual ravision. □ Applicant olvims amail ontify status, Sec 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (3) 900.00 - Attorney Docket No. 4002-2533 One-fiber O	I						mplete if Known		
First Named Inventor Sranch	• —								
Ciffe chive 10/01/2003. Patient floes are subject to annual raviston. Examiner Name Philogene				Filing Date A			lay 30, 2001		
Applicant Owlme amail ontity stebuls. See 37 CFR 1.27				First Named Inventor			Branch		
Applicant owner and entry settins. Sol 3 of 11. Total Amount of PAYMENT (check all that apply) FEE CALCULATION (continued)				Examiner Name F			hilogene		
METHOD OF PAYMENT (criteck all that apply) Check Cheld card Money Order Otho None	Applicant chime small entity status. See 37 CFR 1.2	7	Art	Unit		3	731		
Check Credit Card Money Order Other None S. ADDITIONAL FEES Card State	TOTAL AMOUNT OF PAYMENT (\$) 90	0,00	Atte	orney Do					
Deposit Account Number 23 - 3030 203	METHOD OF PAYMENT (check all that ap	ply)				CALCI	ULATION (cor	ntinued)	
Depoct Account Number 23-3030 See		I L. None							
Content Number 23-3030 Code 50 Code 100	Deposit Account:	——————————————————————————————————————					-		Fee
Dapoell Account Name The Director is authorized 15: (chock all that applie) ☐ Charge recipi indicated below ☐ Charge for eigh indicated below ☐ Total Charge ☐ Total Charg			Code	(5)	Code	(3)			Pald
Duposit Account Name The Director is authorized fo: (chock as that apply) Charge fee(s) indicated below Fee CALCULATION 1804 1804 1805 1804 1805 1804 1805 1806 1806 1806 1806 1806 1806 1807 1806 1806 1806 1806 1807 1806 1807 1806 1807 1807 1808	Milibel								
Name						_			
The Director is authorized foc: (chock all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account 1251 110 1251		McNett							<u> </u>
Charge fee(s) indicated below Credit any overpayments 1805 1,840 1,840			1812	2,520	1812	2,520			
Charge field in the payment of 1 state foes 1005 1,501 1,501 1,		it any overpaymente	1804	920	1804	*920	to Examiner as	ction	
Charge fee(s) indicated bolow, except for the filling fee, to the above-Mentilled deposit account 1251 110 2251 55 2251 105 1252 225 1252 225 1252 2253 2253 2251 1255 2255 1255 1255 2255 1255		lication,	1805	*1,840	1805	"1,840	Requesting pu Examiner autic	iblication of SIR after	
Table Tabl	I <u> </u>	4	1291	110	2251	55			
1. BASIC FILING FEE		Ino Apova-Identined	1252	42D	2252	210		reply within second	
1. BASIC FILING FEE 1299 1402 2295 1,005 1,005 1,00			1253	950	2253	475	Extension for a month	•	
Large_Folix	1. BASIC FILING FEE			1,480	2254	740		mply within fourth	
Fon Fee	Largo Entity Small Entity		1255	2,010	225\$	1,005	Extension for		
1901 770 2001 580 Wiltiyr filling from 1403 290 2403 145 Request for an hearing 1902 340 2002 170 Design filling from 1451 1,510 1451 1,510 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute a public use proceeding 1452 110 2452 55 Pelition to Institute 1452 110 2452 55 Pelition to Instit	Fon Fee Fas Fon								
1002 340 2002 170 Design filing foo 1451 1,510 1451 1,510 1451 1,510 170		Fee Paid							
1003 530 2003 285 Plant filing fee 1452 110 2452 55 Potition to revive - unsivoidable 1004 770 2004 388 Raissue filing fee 1452 110 2452 55 Potition to ravive - unsivoidable 1501 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,330 2501 365 1,300 2501 365 1,300 301 301 301 301 301 301 3	l ' ' '						Petition to inst		
1004 770 2004 388				·				we - unavoidable	<u> </u>
1005 190 2006 80 Provisional filling (see SUBTOTAL 1. (S) 0.00 1502 480 2502 240 Dorigin status fee (or reliasus) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1503 840 2503 320 Plant Issue fee Pottions to the Commissioner Processing from under 37 CFR 1.17(a) Submission of Information Disciosure Strat Recording each patient assignment per property (lines number of Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient assignment per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient per property (lines number of Proportion) Proportion Disciosure Strat Recording each patient per property (lines number of Proportion) Proportion Proportion (lines of lines assignment per property (lines number of lines assignment lines assignmen		-							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1503 840 130 1460 130 1460 130 Politions to the Commissioner Processing too under 37 CFR 1,17(a) 1806 180 1807 50									
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1460 130 1460 130 Politions to the Commissioner Processing from under 37 CFR 1,17(a) 1,17	SUBTOTAL 1. (S) 0.00					,			<u> </u>
Extro Fon from Fee Peld 1806 180 1807 1807 Submission of information Disciplance Start Total Claims 20° a X	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				ľ				130,00
Extra Claims Claims Claims Independent Claims Independent Claims Large Entity Fee Fee Fee Code IS Cods IS Z202 9 Claims in excess of 20 1201 1802 1802 1802 1802 1802 1802 1			1807	50	1607	50		o under 37 CFR	
Total Claime Independent Claims Independent Claims Large Entity Small Entity Feo Fan Fee Fee Code S) Code S) Equipment claims in excess of 20 1201 18 2202 9 Claims in excess of 20 1202 18 2203 145 Multiple dependent claims in excess of 3 1204 86 2204 43 Relaxation claims in excess of 20 and over original patent 1205 18 2205 9 Relaxation in excess of 20 and over original patent SUBTOTAL 2. (\$) 0.00 Tor number previously peld, if greater, Por Relssues, see above Name (Print/Type) Name (Print/Type) Page March 13, 2004 Reconfing each patent assignment property (lines number of Property (lines number fills)) Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fills Filling a Aubmission after fi			1806	180	1806	180	Submission of		
Multiple Dependent Claims Large Entity Small Entity Feo Fan Fee Fae Code (\$) Codg (\$) Foo Description 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1204 86 2204 43 Relates independent claims are over original patent 1205 18 2205 9 Request in excess of 20 and over original patent 1206 18 2205 9 Request for cooding examination 1207 Cher Fee (specify) SUBTOTAL 2. (\$) 0.00 Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Signeture Multiple Dependent Claims 1809 770 2809 385 For pack additional invention to be Examination ((37 CFR 1.128(n)) For ach additional invention to be Examination ((37 CFR 1.128(n)) For ach additional invention to be Examination ((37 CFR 1.128(n)) For ach additional invention to be Examination ((37 CFR 1.128(n)) For ach additional invention to be Examination ((37 CFR 1.128(n)) Request for cooding examination (RCC) Request for cooding examination of a deelign application Cher Fee (specify) SUDTOTAL 3. (\$) 900.00 Tor number previously paid, if greater, For Relssues, see above Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Signeture Signeture March 19, 2004			8021	40	8021	40	Recording ear	ch patent essignmont	
Large Entity Small Entity Feo Fee Fee Fee Code (S) Coda (D) Equipment (37 CFR 1.128(n)) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 Reliable independent claims over original patent 1205 18 2205 9 Reliable independent claims over original patent SUBTOTAL 2. (\$) 0.00 ***ar number previously peld, if greeter, Por Reliables, See above Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 Telephone (317) 634-3456	Independent Cisims -3 ^{ms} X					.,	Proportion)		
Fee			1809	<i>11</i> 0	2809	385	rojection		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 30 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 Relacue independent claims over original patent 1205 18 2205 9 Request for copodited examination of a dealgn application Cher Fee (specify) SUBTOTAL 2. (\$) 0.00 To number previously paid, if greater, Por Reissues, see above SUBMITTED BY Registration No. (Attorney/Agent). 42,021 Telephone (317) 634-3456	Fco Fen Fee Fee		1810	770	2810	385	For each addl	tional invention to be	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 "Relacue independent claims over original patent 1205 18 2205 9 "Rivive claims in excess of 20 and over original patent SUBTOTAL 2. (\$) 0.00 "Archiver previously paid, if greater; Por Relassues, see above Submitted BY Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 Request for expodited examination of a dealign application Other Fee (specify) Request for expodited examination of a dealign application Request for expodited examination of a dealign application Other Fee (specify) SUBTOTAL 3. (\$) 900.00 Reduced by Basic Filing Fee Paid Telephone (317) 634-3456	1202 18 2202 9 Claims in excess of 20	938 of 3	1801	770	2801	385		ontinued Examination	770.00
1204 86 2204 43 ** Relatue independant claims over original patent 1205 18 2205 9 ** Relatue claims in excess of 20 and over miginal patent SUBTOTAL 2. (\$) 0.00 ** SUBTOTAL 3. (\$) \$00.00 ***Tor number previously paid, if greater; Por Relssues, see above ** Reduced by Basic Filing Fee Peid SUBMITTED BY Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 ** Telephone (317) 634-3456	•		1802	900	1802	900			
120S 18 2205 9 "Relative claims in excess of 20 and over priginal patent SUBTOTAL 2. (\$) 0.00 SUDTOTAL 3. (\$) 900.00 SUBTOTAL 3. (\$) 900.00 SUBMITTED BY Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 Telephone (317) 634-3456 Signsture Date March 19, 2004							- '		
**Telephone (317) 634-3456 **Telephone (317) 634-3456 **Telephone (317) 634-3456 **Telephone (317) 634-3456	1205 48 2205 9 ** Rninnin cinims in excess of 20 and over								
SUBMITTED BY Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 Telephone (317) 634-3456 Signstyre 7 M	SUBTOTAL 2. (\$)	0.00					SUD	TOTAL 3. (\$)	990.00
Name (Print/Type) James B. Myers, Jr. Registration No. (Attorney/Agent) 42,021 Telephone (317) 634-3456				and by Bai	elo Filing Fe	e Peld			
(Print/Type) Sarries B. Myers, Sr. (Attorney/Agent) 42,021						- ,			
Signature Care B March 19, 2004			42,02	1			Telephone	(317) 634-3456	
	Signature Camus B. //					Date	March 19, 2004		



WENMM/SB/17 (10-03)
Approved for use through 07/31/2006. CMB 0651-0032
U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

			Complete if Known							
FEE TRANSMITTAL			pplication I	Number	O;	9/870,023				
for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision.		FI	Filing Date A			lay 30, 2001				
		FI	First Named Inventor			ranch				
Entones (wonzeed,) districted to despite to the total series			Examiner Name			hilogene				
Applicant clair	ms small entity status. See 37 CFR 1,27	A	rt Unit		3	731				
TOTAL AMOU	INT OF PAYMENT (\$) 180.00	Ai	ttorney Do			002-2533				
ME	THOD OF PAYMENT (check all that apply)					ULATION (continued)				
Check Credit Card Money Order Ditter None		1	DDITIONA	t			•			
Deposit Accoun	n:	Larg Foo	ge Entity Fee	Small Fee	Enity Fee	.	Fee			
Deposit Account Number	23-3030	Sada 1051		<u>Code</u> 2051	(31) 65	Fee Description Surcharge - late filing foc or path	Paid			
1		1051		2052	25	Surphage - late provisional filing for or cover shoot				
Deposit Account	Woodard, Emhardt, Moriarty, McNett	1053		1053	130	non-English specification				
Name & Henry LLP		1812		1812	2,520	For filling a request for ex parte reexamination				
The Director is authorized to: (check all that apply) Charge (se(s) Indicated below Credit any overpayments		1804	"92 0	1804	•920	Requesting publication of SIR prior to Examiner action				
Charge any add	ditional fee(s) during the pendency of this application, payment of issue fees	1805	*1,840	1805	*1,840	Requesting publication of SIR after Examiner action				
	indicated below, except for the filling fee, to the above-identified	1251		2251	55	Extension for reply within first month Extension for reply within second				
deposit accoun		1252	420	2252	210	month				
FEE CALCULATION		1253		2253	475	Extension for reply within third murth				
1. BASIC FILING	3FEE	1254	•	2254	740	Extension for reply within fourth munth				
Large Entity	Small Entity	1255 1401		2255 2401	1,005 185	Extension for reply within fifth month Notice of Appeni	-			
Fee Fee	Fee Fee Can Fee Description Foo Paid	1401		2401	165	Filling a brief in support of an appeal				
1001 770	2001 385 Utility filing fee	1403		2403	145	Request for oral hearing				
1002 340	2002 170 Design filling fee	1451	1,510	1491	1,510	Patition to institute a public use proceeding				
1003 530	2003 265 Plant filing for	1452		2452	55	Potition to revive - unavoldable				
1004 770 1005 160	2004 385 Reissue filing fee 2005 80 Provisional filing for	1453 1501		2453 2501	605 665	Petition to revive - unintentional Utility lasue foo (or missue)				
, LLLD 160	2005 B0 Provisional filing fon SUBTOTAL 1. (\$) 0.00	1502		2502	240	Draigh lacus inn				
		1603	640	2S03	320	Plant leave fee				
2. EXTRA CLAI	M FEES FOR UTILITY AND REISSUE	1460		1460	130	Petitions to the Commissioner	<u> </u>			
I	5	1807	50	1807	50	1.17(q)				
Take 1 or 1	Extra Foo from Fee	1806	180	1806	180	Disciosure offic	180.00			
Total Claims		8021	40	8021	40	Proporties)				
Multiple Dependent Claims Large Entity Small Entity		1809	770	2809	385	Filing a submission after final mjection ((37 CFR 1.128(8))	L			
Fee Fee	Fee Fee Code (\$) For Constitution	1810	770	2810	385	Concern additional immediate to be				
1202 18	2202 9 Claims in excess of 20 2201 43 independent claims in excess of 3	1801	770	2801	386	Request for Continued Examination (RCE)				
8 1	2203 145 Multiple dependent claim, if not paid		900	1802	900	One code for expedited examination				
1204 86 2204 43 "Reissue independent cialms over original patent						- ··	L			
1205 18 2205 9 ** Reisaue claims in excess of 20 and over original patent		Other (spec	(Foo (fy)							
SUBTOTAL 2. (\$) 0.00 "or number previously poid, if graning For Relesions, see above				Na Eller -	lan Eletet	SUBTOTAL 3, (\$)	180,00			
To number provingsly peld, if granter, For Releasure, see above SUBMITTED BY			luced by Bas	sic rung F	90 FOR					
Name (Frint/Type) James B. Myers, Jr. Registration No. (Attorney/Agents)		42,0	21			Telephone (317) 634-3456				
Signature James B. Myers In						Date March 19, 2004				